

## SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

**HOME AND COMMUNITY BASED WAIVER** 

**Policy Manual** 

**Section: APPENDIX** 

**Subject: Entrance Into Medicaid (SLTC-55)** 

Instructions

References: ARM: 37.40.1408

**PURPOSE** This form is originated by the Case Management Team (CMT) to enroll an

individual into Home and Community Based Services (HCBS) or discharge a

member from HCBS.

**DISTRIBUTION** CMT retains pink copy as a suspense copy. White and yellow copies are

sent to the county where Medicaid eligibility is determined. The county office will complete their portion of the form and retain the yellow copy for its files.

The white copy will be returned to the CMT.

<u>INSTRUCTIONS</u>

**APPLICANT** Enter identifying information of the member.

<u>REFERRING</u>

**CASE** 

**MANAGEMENT** 

**TEAM** Enter name, agency, date referral sent to county, address and phone number

of CMT making referral.

**ENROLLMENT** 

**REQUEST** Enter name of county office where financial eligibility is determined.

**EFFECTIVE DATE** Enter the date HCBS is scheduled to start. The effective date should be the

same date as the admit date on the Intake Sheet (SLTC-136).

**HCBS WAIVER** Indicate appropriate waiver category.

**DISCHARGE** 

**REQUEST** Enter the date HCBS is terminated. The discharge date should be the same

date as the discharge date on the Discharge Sheet (SLTC-137).

COMPLETED BY COUNTY

**OFFICE** The county office will complete this section of form and return a copy to CMT.